

CIP E JCS

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copy of the application.

PART B—ISSUE FEE TRANSMITTAL

Note Block 1: PAY ISSUE FEE
Assistant Commissioner for Patents
Washington, D.C. 20231

MAP 18

DOCKETED

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All further correspondence following the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

QM12/1219

DANIEL A. TYSVER
BECK & TYSVER, P.L.L.C.
1011 FIRST STREET SOUTH #440
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2900 Thomas Ave. S., Suite 100
Minneapolis, MN 55416-4477

Note: The certificate of mailing below may be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box issue Fee address above on the date indicated below.

J Ann Shimota

(Depositor's name)

J. Ann Shimota

(Signature)

3-12-2001

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/387,832	05/26/95	019	COHEN, L	3739 12/19/00
First Named Applicant	BEATTY,		35 USC 154(b) term ext. =	0 Days.

TITLE OF INVENTION ENDOCARDIAL MAPPING SYSTEM

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
1125 M&G-995-5-11	600-374.000	W79	UTILITY	YES	\$620.00	03/19/01

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

Change of correspondence address (or Change of Correspondence Address form PTO/SB/12) attached.

"Fee Address" Indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Beck & Tysver, PLLC

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

ENDOCARDIAL Solutions, INC.

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

ST. PAUL, MN

Please check the appropriate assignee category indicated below (will not be printed on the patent)

 Individual corporation or other private group entity government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

 Issue Fee Advance Order - # of Copies 10

4b. The following fees or deficiency in these fees should be charged to:

DEPOSIT ACCOUNT NUMBER 500246

(ENCLOSE AN EXTRA COPY OF THIS FORM)

 Issue Fee Advance Order - # of Copies _____

The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

3-12-01

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231

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03/19/2001 BHABTEW1 00000089 08387832

01 FC:242

620.00 OP

02 FC:561

30.00 OP

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B

PTO/SB/17 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT	(\$ 650.00)
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Complete if Known

Application Number	08/387,832
Filing Date	05/26/1995
First Named Inventor	Beatty
Examiner Name	Cohen, L.
Group Art Unit	3739
Attorney Docket No.	1125

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:
- | | |
|------------------------|---------------|
| Deposit Account Number | 500-246 |
| Deposit Account Name | Beck & Tysver |
- Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
- Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed:
- | | | | |
|---|--------------------------------------|--------------------------------------|--------------------------------|
| <input checked="" type="checkbox"/> Check | <input type="checkbox"/> Credit card | <input type="checkbox"/> Money Order | <input type="checkbox"/> Other |
|---|--------------------------------------|--------------------------------------|--------------------------------|

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101	710	Utility filing fee	
106	320	Design filing fee	
107	490	Plant filing fee	
108	710	Reissue filing fee	
114	150	Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
			-20** =	X	=
			- 3** =	X	=

Large Entity Fee Code (\$)

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103	18	Claims in excess of 20
102	80	Independent claims in excess of 3
104	270	Multiple dependent claim, if not paid
109	80	** Reissue independent claims over original patent
110	18	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

*or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105	130	Surcharge - late filing fee or oath	
127	50	Surcharge - late provisional filing fee or cover sheet	
139	130	Non-English specification	
147	2,520	For filing a request for ex parte reexamination	
112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	Requesting publication of SIR after Examiner action	
115	110	Extension for reply within first month	
116	390	Extension for reply within second month	
117	890	Extension for reply within third month	
118	1,390	Extension for reply within fourth month	
128	1,890	Extension for reply within fifth month	
119	310	Notice of Appeal	
120	310	Filing a brief in support of an appeal	
121	270	Request for oral hearing	
138	1,510	Petition to institute a public use proceeding	
140	110	Petition to revive - unavoidable	
141	1,240	Petition to revive - unintentional	
142	1,240	Utility issue fee (or reissue)	620.00
143	440	Design issue fee	
144	600	Plant issue fee	
122	130	Petitions to the Commissioner	
123	50	Processing fee under 37 CFR 1.17(q)	
126	180	Submission of Information Disclosure Stmt	
581	40	Recording each patent assignment per property (times number of properties)	
146	710	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	710	For each additional invention to be examined (37 CFR § 1.129(b))	
179	710	Request for Continued Examination (RCE)	
169	900	Request for expedited examination of a design application	
Other fee (specify) 10 Copies of Patent			30.00
*Reduced by Basic Filing Fee Paid			SUBTOTAL (3) (\$ 650.00)

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Daniel A. Tysver	Registration No. (Attorney/Agent)	35,726
Signature		Date	3-12-04

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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